MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

APPLICANT(S): 10/529007

CLAIMS

	AS FILED IND.	AS FILED DEP.	AFTER 1ˢᵗ AMENDMENT IND.	AFTER 1ˢᵗ AMENDMENT DEP.	AFTER 2ⁿᵈ AMENDMENT IND.	AFTER 2ⁿᵈ AMENDMENT DEP.
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TOTAL IND.	9					
TOTAL DEP.	15					
TOTAL CLAIMS	24					

	AS FILED IND.	AS FILED DEP.	AFTER 1ˢᵗ AMENDMENT IND.	AFTER 1ˢᵗ AMENDMENT DEP.	AFTER 2ⁿᵈ AMENDMENT IND.	AFTER 2ⁿᵈ AMENDMENT DEP.
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